PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885

or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further contractions of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below of directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

APR 1 2 2006

. 32172

7590

01/25/2006

DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 1177 AVENUE OF THE AMERICAS (6TH AVENUE) 41 ST FL.

NEW YORK, NY 10036-2714

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fce(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

	(Depositor's name)
	(Signature)
•	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/500,302	01/12/2005	Jon H. Rasmussen	C2432.0058	9859	

TITLE OF INVENTION: PEPTIDE PURIFICATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	04/25/2006
EXAMINER ART U		ART UN	ΙΤ	CLASS-SUBCLASS		
GUDIBANDE, SA	TYANARAYAN R	1654		514-017000		
CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND	tion (or "Fee Address" Indicator more recent) attached. Use	Correspondence ation form e of a Customer E PRINTED ON T	(1) the na or agents (2) the na registered 2 registere listed, no	u ,, ,	nt attorneys 1 nember a es of up to no name is 3	PIRO, MORIN & OSHINSKY, LL
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE) OF STATE OF ST						
4a. The following fee(s) are	enclosed:	4b	. Payment of	Fee(s):		
Publication Fee (No small entity discount permitted) Advance Order - # of Copies			A check in the amount of the fee(s) is enclosed. Dayment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50 - 2215 (enclose an extra copy of this form).			
_ ` `	(from status indicated above MALL ENTITY status. See 2	•	☐ b. Applic	cant is no longer claiming SMA	LL ENTITY status. See 37 (CFR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and P	is requested to apply the Issu sublication Fee (if required) v	re Fee and Publicate vill not be accepted	tion Fee (if at	ny) or to re-apply any previousle other than the applicant; a regi	y paid issue fee to the applic stered attorney or agent; or	ation identified above. the assignee or other party in

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Authorized Signature

Typed or printed name

Date

Registration No.

2006

APR 1 2 2006

PTO/SB/17 (01-06)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

"PADEM	respond to a collection of information unless it displays a valid OMB control number. Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					0/500,302-Conf. #9859		
FEE TRANSMITTAL For FY 2006					January 12, 2005		
				First Named Inventor Jon H. Rasmus			
			Examiner Nan		Not Yet Assign		
Applicant claim	Art Unit						
TOTAL AMOUNT OF	PAYMENT	(\$) 1,730.00	Attorney Dock	et No.	C2432.0058	2432.0058	
METHOD OF PAY	MENT (check all t	hat apply)				<u> </u>	
Check X Cr	edit Card N	1oney Order No	one Othe	er (please ident	ify):		
Deposit Account	Deposit Account Numb	er: 50-2215 Deposit A	count Name:	Dickstein S	hapiro Morin &	Oshinsky	LLP
For the above	e-identified deposit	account, the Director	is hereby authori	ized to: (chec	k all that apply)		
Charge	fee(s) indicated be	ow	Cha	rge fee(s) ind	licated below, ex	cept for th	ne filing fee
		s) or underpayment o	x Cred	dit any overpa	ayments		
FEE CALCULATION	onder 37 CFR 1.16		n filing or ma	av ha subia	ct to a surcha	rge \	
1. BASIC FILING, SE			on ming or me	ty be subje	ct to a sarcha	196./	
1. 52010 1 121110, 02			ARCH FEES	EXAMIN	IATION FEES		
	_	Small Entity	Small Entit	Y	Small Entity		
Application Type	Fee (\$)	Fee (\$) Fee (Fee (\$)	Fee (\$)	Fees F	Paid (\$)
Utility	300	150 500		200	100		
Design	200	100 100		130	65		
Plant .	200	100 300	-	160	80		
Reissue	300	150 500	250	600	300		
Provisional	200	100	0	0	0 .		
2. EXCESS CLAIM FI	EES						Small Entity
Fee Description Each claim over 20 (i	ncludina Reissues)					Fee (\$) 50	<u>Fee (\$)</u> 25
Each independent cla						200	100
Multiple dependent c	•	ig itelssues)				360	180
		ee (\$) Fee	Paid (\$)	M	ultiple Depende		100
10 - 20 =	x	= '''	raid (\$)	· · · · · · · · · · · · · · · · · · ·		ee Paid (\$	`
HP = highest numer of to		ater than 20.				CC I did tu	_
Indep. Claims		ee (\$) Fee	Paid (\$)				
2 -3=	x						
HP = highest numer of in		or, if greater than 3.	•				
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
		application size fee d			ntity) for each ad	ditional 50) :
		.S.C. 41(a)(1)(G) and	•	•			
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) 100 = /50 (round up to a whole number) x =				Paid (\$)			
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00							
1504 Publication fee for early, voluntary, or normal 300.				0.00			
8001 Printed copy of patent w/o color 30.00							
SUBMITTED BY		1 28	1=				
Signature	vad 6 M	Jeline	Registration No. (Attorney/Agent)	24,735	Telephone	(212) 89	6-5471
Name (Print/Type) Edw	ard A. Meilman	•			Date	April 11,	2006